

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/595282
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		1			
4	8		1			
5	8		1			
6	1	1				
7	1		1			
8	2		1			
9	8		1			
10	8		1			
11			1			
12			1			
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TOTAL IND.			↓	3	↓	↓
TOTAL DEP.			←	15	←	←
TOTAL CLAIMS			17			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS			17			

RIGHT TO ANOTHER COPY